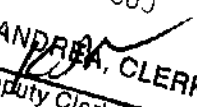


2 to 3  
**ORIGINAL**

**Affidavit accompanying Motion for  
Permission to Appeal In Forma Pauperis**

**FILED**  
HARRISBURG, PA  
JUN 13 2005  
MARY E. D'ANDREA, CLERK  
Per   
Deputy Clerk

United States District Court for the MIDDLE DIST of PENNSYLVANIA

PRI-HAR

v.

ATTY. GEN. USA

D.C. Case No. 00-CV-1635

Third Cir. No. 05-2635

J. Caldwell

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury that my answers on this form are true and correct. (28 U.S.C. § 1746, 18 U.S.C. § 1621)

Signed: 

**Instructions**

Complete all questions on this application and then sign it. Do not leave any blanks. If the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate piece of paper identified with your name, your case's docket number, and the question number.

Date: JUNE 6, 2005

My issues on Appeal are: IS WHETHER THE DISTRICT COURT ERRONEOUSLY DENIED A MOTION UNDER RULE 70, Fed. R. Civ. P., TO DIRECT SPECIFIC ACTS TO ENFORCE ITS JUNE 5, 2001 FINAL ORDER, IN WHICH THE RESPONDENT WAS DIRECTED TO ENTERTAIN A REQUEST FOR A WAIVER OF INELIGIBILITY OR ADMISSION, PURSUANT TO 8 U.S.C. § 1182(h), BUT HAS REFUSED TO COMPLY WITH THE ORDER.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

INCOME SOURCE	AVERAGE MONTHLY AMOUNT DURING THE PAST 12 MONTHS	AMOUNT EXPECTED NEXT MONTH
	You	You
Employment	\$ <u>0</u>	\$ <u>0</u>
Self-Employment	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>
Interest and Dividends	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>
Public Assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>PRISON'S WAGE</u>	\$ <u>10.00</u>	\$ <u>0</u>
<b>Total monthly income</b>	\$ <u>10.00</u>	\$ <u>0</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A			

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement for each account.

SEE THE ATTACHED MAY 11, 2004 ORDER  
OF THE THIRD CIRCUIT ON THE  
MATTER.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle # 1	(Value)
N/A				Make & year: _____	
				Model: _____	
				Registration # : _____	
Motor Vehicle # 2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: N/A					
Model: _____					
Registration # : _____					

6. State every person, business or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A		

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
N/A		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or Home Mortgage (Include lot rented for mobile home)	\$ <u>0</u>	\$ _____
Are real estate taxes included?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
Is property insurance included?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>0</u>	\$ _____
Clothing	\$ <u>0</u>	\$ _____
Laundry and dry-cleaning	\$ <u>0</u>	\$ _____
Medical and dental expenses	\$ <u>0</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ _____
Homeowners or renters	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)(specify): _____	\$ <u>0</u>	\$ _____

	<b>You</b>	<b>Your Spouse</b>
Installment payments	\$ <u>0</u>	\$ _____
Credit Card (name): _____	\$ <u>0</u>	\$ _____
Department Store (name): _____	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>0</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you paid \_\_\_\_\_ Or will you be paying \_\_\_\_\_ an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes

☒ No

If yes, how much? \$ \_\_\_\_\_

If yes state the attorney's name, address and telephone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you paid \_\_\_\_ Or will you be paying \_\_\_\_ anyone other than attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ \_\_\_\_\_

If yes state the person's name, address and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I'm INCARCERATED FOR MORE THAN  
TWELVE YEARS.

13. State the address of your legal residence.

McRae CORRECTIONAL FACILITY  
1000 Jim HAMMOCK Dr., McRae, GA 31055

Your daytime telephone number: ( ) \_\_\_\_\_ N/A

Your age: 51 Your years of Schooling: 12

FPS-287

May 11, 2004

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

No. 04-2050

Pri-Har vs. DeRosa  
(New Jersey Civil No. 02-cv-05391)

To: Clerk

1) Motion for Leave to Proceed In Forma Pauperis

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The foregoing Motion is granted. The appeal will be submitted to a panel of the Court for determination under 28 U.S.C. § 1915(e)(2). The Court also will consider any other appropriate action, such as summary affirmance of the order of the District Court. See Third Circuit Internal Operating Procedures Chap. 10.6.

For the Court,

/s/ Marcia M. Waldron  
Clerk

Dated: May 14, 2004  
CLC\cc: Mr. Menachem Pri-Har  
Irene Dowdy, Esq.



CERTIFICATE OF SERVICE

I hereby certify that today I served a copy of the foregoing Motion for Leave to Proceed in Forma Pauperis, by mailing same by first class mail to:

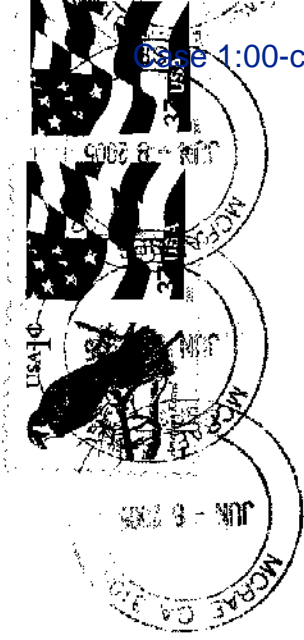
AUSA Daryl F. Bloom  
U.S. Attorney's Office  
P.O. Box 11754  
Harrisburg, PA 17108-1754

Dated: McRae, Georgia  
June 6, 2005

  
MENACHEM PRI-HAR

MEMACHEN PRI-HAR  
# 34446-054  
McRae C.F.  
1000 Jim Hammock Dr.  
McRae, GA 31055

MARY E. D'ANDREA, CLERK  
UNITED STATES DISTRICT COURT  
P. O. Box 983  
HARRISBURG, PA 17108



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